

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11-30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>4563</b>	2 Fiscal Year Covered From <b>1</b> / <b>1</b> / <b>2005</b> Through <b>12</b> / <b>31</b> / <b>2005</b>
3 Name and address of person filing Name <b>Richard</b> <b>P</b> <b>Poitras</b> P O Box Bldg Room No if any Street <b>4054 Pacific Highway</b> City <b>Bellingham</b> State <b>Washington</b> ZIP Code + 4 <b>98226</b>	4 Name file number and address of labor organization Name <b>Pacific NW Regional Council of Carpenters</b> Labor Organization File Number <b>540-172</b> P O Box Building and Room Number If any Street <b>25120 Pacific Highway S Suite 200</b> City <b>Kent</b> State <b>Washington</b> ZIP Code + 4 <b>98032</b>
5 Position in labor organization <b>Business Rep / Labor Trustee</b>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income     7 b Amount     

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

**3/10/2006**

Date

**360 734-7900**

Telephone Number

Name of Person Filing Richard Poitras	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name if any)</b> Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <input type="text"/> Carpenters Trust of Western Washington Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> P O Box 1929 Street <input type="text"/> 2200-6th Ave Suite 300 City <input type="text"/> Seattle State <input type="text"/> Washington ZIP Code + 4 <input type="text"/> 98121	<b>11 a Nature of such dealing</b> <input type="text"/> Registration Airfare Hotel Meals Parking and Incidentals <b>11 b Approximate dollar value of such dealing</b> <input type="text"/> \$2 946 <b>12 a Nature of interest held or income received</b> <input type="text"/> <b>12 b Amount</b> <input type="text"/>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</b> Name <input type="text"/> Kenneth Meister Trade Name if any <input type="text"/> The Union Labor Life Insurance Co P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 429 Santa Monica Blvd Suite 620 City <input type="text"/> Santa Monica State <input type="text"/> California ZIP Code + 4 <input type="text"/> 90401	<b>14 a Nature of payment</b> <input type="text"/> Dinner Golf and Charity Events <b>14 b Amount of payment</b> <input type="text"/> \$952
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input checked="" type="checkbox"/> ?	